

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

1435-63-009609  
STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

|   |                        |  |                                |
|---|------------------------|--|--------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY  |                        | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE MO. b. COUNTY  |                                |
| b. CITY (if outside corporate limits, give TOWNSHIP only)<br>OR TOWN ST. LOUIS  |                        | c. CITY OR TOWN ST. LOUIS  |                                |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION 3805 <sup>th</sup> SHENANDOAH  |                        | d. STREET ADDRESS (If outside, give location)<br>3805 <sup>th</sup> SHENANDOAH   |                                |
| 3. NAME OF DECEASED<br>(Type or print) First FRED Middle WESTING Last   |                        | 4. DATE OF DEATH FEB. 7 1963   |                                |
| 5. SEX MALE   | 6. COLOR OR RACE WHITE | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>             | 8. DATE OF BIRTH MARCH 21 1919 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>MAINTENANCE MAN  |                        | 10b. KIND OF BUSINESS OR INDUSTRY ST. LOUIS REVIEW   |                                |
| 11a. FATHER'S NAME AUGUST WESTING   |                        | 11b. MOTHER'S MAIDEN NAME KATE BUHR  |                                |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br>NO  |                        | 16. SOCIAL SECURITY NO. [REDACTED]   |                                |
| 17. INFORMANT THERESA WESTING 3805 <sup>th</sup> SHENANDOAH   |                        | 18. NAME OF HUSBAND OR WIFE ANNA WESTING   |                                |
| 18. CAUSE OF DEATH (Enter only one cause per line)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) Chronic myocarditis<br>DUE TO (b) Generalized arteriosclerosis<br>DUE TO (c) 422.1                              |                        | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |                                |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |                        | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>  |                                |
| 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  |                        | 20c. TIME OF INJURY Hour Month, Day, Year  |                                |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |                        | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)   |                                |
| 20f. CITY, TOWN, OR LOCATION  |                        | COUNTY STATE   |                                |
| 21. I attended the deceased from July 1957 to February 7, 1963 and last saw him alive on February 3, 1963. Death occurred at 8:00 P.M. on the date stated above, and to the best of my knowledge, from the causes stated. |                        | 22a. SIGNATURE (Degree or title) Thomas F. Summers, M.D.   |                                |
| 22b. ADDRESS 3624 S. Broadway (18)  |                        | 22c. DATE SIGNED 2-9-63  |                                |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL  |                        | 23b. DATE 2/11/63  |                                |
| 23c. NAME OF CEMETERY OR CREMATORY S.S. PETER & PAUL  |                        | 23d. LOCATION (City, town, or county) ST. LOUIS MO.  |                                |
| 24. FUNERAL DIRECTOR Thomas Kuttis 2906 Grand   |                        | 25. DATE RECD. BY LOCAL REG. FEB 9 1963  |                                |
| 26. REGISTRAR'S SIGNATURE Paul Smith, M.D.  |                        |  |                                |

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

VS 300  
R 4/59

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4 0  
5 2  
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13

90

Mr. Tom Summrell  
3621 S. Broadway  
PRB-1933  
1049 - - killed 12 men

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 4861

P. O. Address St. Louis 19, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.